

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	COMPOSITE FRAME MEMBER AND FRAME FOR A WHEELCHAIR
Attorney Docket Number::	WATTERTON1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Simon

Middle Name:: B.L.
Family Name:: WATTERTON
Name Suffix::
City of Residence:: Hofstetten
State or Province of Residence::
Country of Residence:: Switzerland
Street of Mailing Address:: Im Wygaertli 53
City of Mailing Address:: Hofstetten
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-4114
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Rainer

Middle Name::
Family Name:: KUESCHALL
Name Suffix::
City of Residence:: Sissach
State or Province of Residence::
Country of Residence:: Switzerland
Street of Mailing Address:: Kluserstrasse 25
City of Mailing Address:: Sissach
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-4054

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	03 027 238.9	11/28/03	Yes
Europe	03 004 733.6	03/04/03	Yes

Assignment Information

Assignee Name::	KUSCHALL AG
Street of Mailing Address::	Ringstrasse 15
City of Mailing Address::	Allschwil
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-4123